

# TRACY GRAHAM LAWSON

District Attorney  
Clayton Judicial Circuit



Gary R. Dubose, MS  
Coordinator, Pretrial Diversion

Shavon Hagger  
Pretrial Diversion Assistant

---

Harold R. Banke Justice Center, 4<sup>th</sup> Floor\* 9151 Tara Blvd, Jonesboro, GA 30236

## INTERVIEW OF DEFENDANT

Purpose of the interview is to advise the defendant of the requirements, discuss fee and restitution and complete the necessary forms.

Forms to be reviewed:

- Requirements for Voluntary Participation
- Waiver
- Constitutional Rights
- Instructions

Explain the purpose of the Diversion program, explain to the defendant that the reward is they **will not** have an arrest record.

As a rule the following persons will not qualify for participation in the program:

- Persons under the age of 17
- Persons with other criminal record (except extreme situations)
- Persons presently on parole or probation
- Persons who willfully failed to appear in court while on bond
- Persons who have escape from jail or mental hospital

Defendant must be of a stable mind and have a stable place of residence.

Discuss Restitution Amount = \$ \_\_\_\_\_

The administration fee is to be given to the Diversion Representative by certified or cashier's check or money order only, made payable to Clayton County Board of Commissioners.

---

Participant's Signature

# TRACY GRAHAM LAWSON

District Attorney  
Clayton Judicial Circuit



Gary R. Dubose, MS  
Coordinator, Pretrial Diversion

Shavon Hagger  
Pretrial Diversion Assistant

Harold R. Banke Justice Center, 4<sup>th</sup> Floor\* 9151 Tara Blvd, Jonesboro, GA 30236

## PRE-TRIAL INTERVENTION INTAKE INFORMATION PACKET

**THE PRE-TRIAL PROGRAM IS A PRIVILEGE. NOT EVERYONE IS OFFERED THIS PRIVILEGE. PLEASE TAKE ADVANTAGE OF THIS OPPORTUNITY TO RESOLVE THE CRIMINAL CHARGES PENDING AGAINST YOU AT THIS TIME. PLEASE ALSO NOTE PTI IS VOLUNTARY AND YOUR PRATICIPATION IN THIS PROGRAM IS YOUR DECISION. FAIULRE TO DISCLOSE PERTINANT INFORMATION MAY RESULT IN YOUR CASE BEING RETURNED BACK TO COURT FOR PROSECUTION. DO NOT SKIP ANY QUESTIONS. IF THE QUESTION DOES NOT APPLY. PUT NONE OR N/A IN THE SPACE PROVIDED FOR YOUR ANSWER.**

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ JR/III \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ HOME PHONE NUMBER :(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
CELL :(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET/P.O BOX INCLUDE APT# CITY STATE ZIP CODE

MAIDEN NAME/NICKNAMES: \_\_\_\_\_ RACE/SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

STATE WHERE YOUR WERE BORN \_\_\_\_\_ DRIVER'S LICENSE# \_\_\_\_\_ STATE \_\_\_\_\_

**Are you a US Citizen? Circle one: Yes/No**

**Do you have attorney for the PDIP Charge(s)? Attorney Name: \_\_\_\_\_**

### PLEASE CHECK EACH SPACE THAT APPLIES TO YOU:

\_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Separated \_\_\_ Never Married \_\_\_ Cohabitated

\_\_\_ Full Time Student \_\_\_ Part Time Student \_\_\_ Not a Student

\_\_\_ Employed Full Time \_\_\_ Part Time \_\_\_ Unemployed \_\_\_ Disabled \_\_\_ Retired \_\_\_ SSI \_\_\_\_\_

Personal Income: \_\_\_ 0-5,000 \_\_\_ 5-10,000 \_\_\_ 10-20,000 \_\_\_ 20-30,000 \_\_\_ 30-40,000 \_\_\_ 40-50,000 \_\_\_ Over 50,000

Household: \_\_\_ 0-5,000 \_\_\_ 5-10,000 \_\_\_ 10-20,000 \_\_\_ 20-30,000 \_\_\_ 30-40,000 \_\_\_ 40-50,000 \_\_\_ Over 50,000

NAME OF COLLEGE, TECHNICAL OR HIGH SCHOOL NOW ATTENDING\_\_\_\_\_

TOTAL NUMBER OF YEARS OF SCHOOL COMPLETED\_\_\_\_\_ (EX: HIGH SCHOOL =12)

PLACE OF EMPLOYMENT\_\_\_\_\_ HOW LONG? \_\_\_\_\_

HAVE YOU EVER APPLIED OR BEEN THROUGH PDIP BEFORE? \_\_\_\_\_

HAVE YOU EVER APPLIED OR BEEN THROUGH ADP/AEP BEFORE? \_\_\_\_\_

ARE THERE ANY OTHER CRIMINAL CHARGES PENDING AGAINST YOU AT THIS TIME? IF SO  
PLEASE LIST THEM\_\_\_\_\_

WHAT CRIMINAL CHARGE(S) SENT YOU TO PDIP?  
\_\_\_\_\_

WERE THERE ANY OTHER CHARGES THAT OCCURRED AT THE SAME TIME THAT HASN'T BEEN  
SENT TO PTI? \_\_\_\_\_ IF SO WHAT HAS HAPPENED WITH THE CHARGE(S)?  
\_\_\_\_\_

IS THIS THE FIRST TIME YOU HAVE BEEN ARRESTED OR GIVEN A CRIMINAL CITATION? \_\_\_\_\_

IF YOU ANSWER "NO" LIST ANY CRIMINAL VIOLATIONS OR ARREST SINCE THE AGE OF 17.  
PLEASE NOTE: DUI'S (DRIVING UNDER SUSPENSION) AND DUI'S (DRIVING UNDER THE

INFLUENCE) ARE CRIMINAL OFFENSES. DO INCLUDE TRAFFIC VIOLATION SUCH AS SPEED,  
DRIVING TOO FAST FOR CONDITIONS, ETC.  
\_\_\_\_\_  
\_\_\_\_\_

THE FOLLOWING INFORMATION WILL BE USED TO IDENTIFY INTERVENTION NEEDS. STAFF CAN  
ASSIST YOU IF REQUESTED.

WHO LIVES IN YOUR HOME WITH YOU? LIST THEIR RELATIONSHIP WITH YOU AND THEIR AGES.  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE YOUR GENDERAL HEALTH	GOOD	FAIR	SERIOUS CONCERNS
DESCRIBE YOUR EMPLOYMENT SITUATION	NONE	STABLE	JEOPARDY STATUS
DESCRIBE YOUR FINANCIAL SITUATION	STABLE	FAIR	SERIOUS CONCERNS
DESCRIBE YOUR FAMILY SITATUATION	GOOD	FAIR	SERIOUS CONCERNS

ARE YOU CURRENTLY ON ANY MEDICATIONS? IF YES WHAT DRUG AND FOR WHAT MEDICAL PROBLEM? \_\_\_\_\_

HAVE YOU EVER HAD ANY TYPE OF COUNSELING? INCLUDES ANY COUNSELING EXPERIENCE? LIST YOUR AGE, WHILE IN COUNSELING REASON FOR TREATMENT, LOCATION AND LENGTH OF CARE.

---

---

---

HAVE YOU EVER BEEN PLACED IN A HOSPITAL OR RESIDENTIAL PROGRAM FOR SUBSTANCE ABUSE OR EMOTIONAL PROBLEMS?

---

WHAT DO YOU HOPE TO GAIN FROM THIS PROGRAM?

---

---

**SIGNING OF THIS APPLICATION IS MY STATEMENT THAT THE INFORMATION I HAVE GIVEN IS CORRECT AND TRUE. I HAVE NO OTHER CRIMINAL HISTORY OTHER THAN WHAT I HAVE LISTED AND I UNDERSTAND THAT I MAY HAVE NO ADDITIONAL ARREST FROM THIS DAY FORWARD. IF I HAVE AN ADDITIONAL CRIMINAL ARREST WHILE ON PDIP I WILL BE UNSUCCESSFULLY TERMINATED FROM PROGRAM**

**I ALSO UNDERSTAND I MAY NOT USE ANY ILLEGAL SUBSTANCES OR PRESCRIPTIONS NOT PRESCRIBED BY A DOCTOR TO ME. I MAY NOT DRINK OR POSSESS ALCOHOL IF UNDRAKE IF I AM IN PDIP FOR AN ALCOHOL OFFENSE MY ALCOHOL USE IS PROHIBITED.**

I UNDERSTAND ALL FEES PAID TO THIS PROGRAM ARE NON-REFUNDABLE.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PDIP STAFF: \_\_\_\_\_ DATE: \_\_\_\_\_

# TRACY GRAHAM LAWSON

District Attorney  
Clayton Judicial Circuit



Gary R. Dubose, MS  
Coordinator, Pretrial Diversion

Shavon Hagger  
Pretrial Diversion Assistant

---

## INSTRUCTIONS REGARDING DIVERSION SUPERVISION

You have been directed to follow the instructions listed below and your failure to do so could result in your case being referred back to the Assistant District Attorney for prosecution.

1. You are to report to the Diversion Representative as directed.
2. You are not change your present place of residence, move outside the jurisdiction of this Court, or leave the State for any period of time without notifying the Diversion Representative.
3. You are to maintain your present place of employment or obtain employment within thirty days and report it to the Diversion Representative or provide names and telephone numbers of employment applications submitted
4. You are to be of general good behavior and not violate any local, state or federal laws.
5. You are to avoid associations and places of an undesirable character.
6. You are not to use narcotics, dangerous drugs, and excessive use of alcoholic drinks.
7. You are to support any legal dependents to the best of your ability.
8. You are to perform hours of community service at a charity or non-profit organization.  
(Each month you will submit letters on official letterhead of the agency for whom you have performed community service, verifying the number of hours performed.)
9. Other special conditions:

**I have read and understand the above instructions.**

This the \_\_\_\_\_ day of \_\_\_\_\_ 2013

---

Participant Signature

---

Witness/Diversion Representative

# TRACY GRAHAM LAWSON

District Attorney  
Clayton Judicial Circuit



Gary R. Dubose, MS  
Coordinator, Pretrial Diversion

Shavon Hagger  
Pretrial Diversion Assistant

---

Harold R. Banke Justice Center, 4<sup>th</sup> Floor\* 9151 Tara Blvd, Jonesboro, GA 30236

## DEFENDANT WAIVER

TO:

I, \_\_\_\_\_ hereby authorize the release of such confidential information as may be necessary for the Diversion Representative to determine eligibility for the Pretrial Diversion Program and agree to hold you harmless and relieve and release you from all liability thereof.

Participant's Signature: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

Date: \_\_\_\_\_